

State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13H6A, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Stonington Behavioral Health, Inc.	1 Guidinoi
Doing Business As	Stonington Institute	
Name of Parent Corporation	Universal Health Services, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	234A Bank Street 5 th Floor New London, CT 06320	
Petitioner type (e.g., P for profit and NP for Not for Profit)	P	
Name of Contact person, including title	Timothy Crimmins Director of Business Development	
Contact person's street mailing address	Same as above	
Contact person's phone, fax and e-mail address	Phone 860-439-6019 Fax 860-439-6020 Tim.Crimmins@uhsinc.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Groton Clinic Relocation
- b. Location of proposal (Town including street address):

1353 Gold Star Highway, Groton, CT 06340

c. List all the municipalities this project is intended to serve:

See Section IV. Proposal Description

d. Estimated starting date for the project:

October 17, 2004

e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E P	ΕP	ΕP
☐☐ Acute Care Hospital	☐☐ Imaging Center	☐☐ Cancer Center
X D Behavioral Health Provider	☐☐ Ambulatory Surgery Center	Primary Care Clinic
☐☐ Hospital Affiliate	Other (specify):	

SECTION III. EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure/Cost: \$69,750.
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

NA
NA
NA
\$48,750
Included
Included
\$48,750
\$21,000
\$69,750

Stonington Institute Form 2020-Groton Clinic Relocation October 3, 2005

SECTION IV

PROPOSAL DESCRIPTION

Stonington Institute (Stonington) is a for-profit substance abuse treatment facility licensed by the State of Connecticut Department of Public Health (DPH) to provide care and treatment to substance abusive or dependent persons. A copy of the DPH license currently held by Stonington and a service grid are attached at Exhibit 1.

Stonington currently operates adult Day Treatment programs ("ADTP") at three locations:

86 Boston Post Road, Waterford, CT 83 Boston Post Road, Waterford, CT

333 Long Hill Road, Groton, CT

Stonington's primary service area consists of the towns within New London County:

Bozrah	Ledyard	Preston
Colchester	Lisbon	Salem
East Lyme	Lyme	Sprague
Franklin	Montville	Stonington
Griswold	New London	Waterford
Groton	North Stonington	Voluntown
Lebanon	Norwich	

Stonington's secondary service area consists of the remaining towns within Connecticut. Attached as Exhibit 2 is a breakdown of the ADTP patient census by town of residence on September 30, 2005.

The average daily census (ADC) of the ADTP has increased by 25% since the fourth quarter of 2004. 2004-Q4 ADC was 141. 2005-Q1 ADC was 148. 2005-Q2 ADC was 161. 2005-Q3 ADC was 188.

The ADTP serves adults ages 24 and older. The patients served are covered by a variety of insurance plans, including commercial insurance, SAGA, Medicaid and Medicaid Managed Care. Length-of-stay (LOS) for ADTP clients varies significantly by payer source. The table below sets forth the ALOS by payer source in the ADTP for 2005 YTD:

Payer Source	ALOS
GABHP (SAGA)	20
Medicaid FFS	51
Managed Medicaid	26
Commercial Plans	18

The program schedule and curriculum differs for clients with longer LOS versus those admitted for a short-term transitional stay. In addition, clients admitted with Medicaid insurance present with more mental health needs, as they most times qualify for coverage under federal law due to a primary mental health diagnosis. Thus, clients in the GABHP program (who have a shorter ALOS of 20) would benefit from a program schedule/curriculum that was more intense, focused uniquely on clinical issues like relapse prevention and case-management based. Alternatively, those with Medicaid FFS insurance (with longer ALOS of 51 and more identifiable mental health needs) would benefit from a program schedule/curriculum which was less intense, provided for more individual therapeutic opportunities, and emphasized medication management.

The ADTP treatment facility is a one-story building with approximately 7,400 square feet of space. The increased census identified above requires the addition of case management and clinical staff as well as additional group space. None of that space is available at 86 Boston Post Road. The physical plant at 86 Boston Post Road thus cannot accommodate the current program and hampers Stonington's ability to provide individualized treatment services to this patient population.

Due to the increased census within the ADTP and the clinical and programmatic needs of the different patient populations as described above, Stonington proposes to relocate its long-term ADTP patient population to 1353 Gold Star Highway, Groton, CT.

The benefits of the relocation proposal to the patients currently served:

- 1. Treatment plans that address the individualized treatment needs of clients based on the expected duration of treatment; and
- 2. Adequate physical plant capacity to provide staffing levels that correspond to census demand and more availability of confidential office space to conduct individualized case management and psychiatric consultation services, as necessary.

The distance between 86 Boston Post Road, Waterford and 1353 Gold Star Highway, Groton is 6.6 miles. The 1353 Gold Star Highway facility, under lease to Stonington, is a two-story building with approximately 4,000 square feet. The leased premises is located on the second story of the building and handicapped accessible via a ground floor elevator.

All patients impacted by this relocation are offered and utilize transportation services offered through the Stonington Institute Transportation Department. The existing and proposed site are located on a public bus route.

The proposal will have no impact on facility fees, current or target populations served, service providers, or service payers.

The total capital expenditure associated with the relocation is \$69,750 and detailed at Exhibit 3 attached hereto.

Major Medical and/or imaging equipment acquisition: NA

Equ	ıipmer	nt Type	Name	Model	Number of Unit	S	Cost per unit
Noto:	Prov	ido conv of o	antroot with	vonder fe			
C.		of financing			medical equipment	•	
	X	Operating I	unds		Lease Financing		Conventional Loan
		Charitable	Contributio	ns 🗌	CHEFA Financing		Grant Funding
		Funded De	preciation		Other (specify):		
SECT	ΓΙΟΝ Ι	V. PROPOS	AL DESCR	RIPTION			
Pleas descr	e atta	ch a separate of the propos	e 8.5" X 11" sed project,	sheet(s) o	of paper and provide g all the important a	no mo spects	ore than a 2 page

project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

Department of Public Health license held by the Petitioner.

- 3. Will you be charging a facility fee?
- 4. Who is the current population served and who is the target population to be served?
- 5. Who will be providing the service?
- 6. Who are the payers of this service?

SECTION V. AFFIDAVIT

Applicant: Stonington Behavioral Health, Inc. d/b/a Stonington Institute

Project Title: Groton Clinic Relocation

I, Michael Stramiello, CFO of Stonington Behavioral Health, Inc., being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge, and that Stonington Institute complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature 10/3/05
Date

Subscribed and sworn to before me on October 3, 2005

Notary Public/Commissioner of Superior Court

My commission expires: ______ My Commission Exp. June 30, 2007

Exhibit 1

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0071

Hospital for Mentally III Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Stonington Behavioral Health, Inc. of New London, CT, d/b/a Stonington Institute is hereby license maintain and operate a Hospital for Mentally Ill Persons.

Stonington Institute is located at 75 Swantown Hill Road, North Stonington, CT 06359

The maximum number of beds shall not exceed at any time:

4 Licensed Bed

This license expires September 30, 2006 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, December 13, 2004.

Satellites

Day/Evening Treatment, 86 Boston Post Road, Waterford, CT
Day/Evening Treatment, 333 Long Hill Road, Groton, CT
Day/Evening Treatment, 428 Long Hill Road, Groton, CT
Day/Evening/Residential & Outpatient Intensive Tmt, 75 Swantown Hill Road, North Stonington, CT
Outpatient Substance Abuse, 83 Boston Post Road, Waterford, CT

J Robert Solvin M.D., M.RK.

OHCA 2020 Groton Clinic Relocation Service Grid

Level of Care	Loc	ASAM Level	License
Acute Inpatient Psych	SN	NA	License No. 0071 (Hospital for Mentally Ill Persons).
Detoxification			License No. 0071 (Hospital for Mentally III Persons)-Satellite
	SN	III.7 D	Clinic.
Intensive Treatment/Residential			License No. 0071 (Hospital for Mentally III Persons)-Satellite
	NS	III.5 R	Clinic.
Partial Hospital-Adult			License No. 0071 (Hospital for Mentally III Persons)-Satellite
1	WD	II.5	Clinic.
Intensive Outpatient-Adult			License No. 0071 (Hospital for Mentally III Persons)-Satellite
4	WD2	II.1	Clinic.
Outpatient-Early Recovery Group			License No. 0071 (Hospital for Mentally III Persons)-Satellite
	WD	П	Clinic.
Partial Hospital-Young Adult			License No. 0071 (Hospital for Mentally III Persons)-Satellite
1	GN	11.5	Clinic.
Intensive Outpatient-Young Adult			License No. 0071 (Hospital for Mentally III Persons)-Satellite
1	QN BN	II.1	Clinic.
Ambulatory Detoxification			License No. 0071 (Hospital for Mentally III Persons)-Satellite
	NS	IID	Clinic.
Outpatient Treatment			License No. 0071 (Hospital for Mentally III Persons)-Satellite
•	GN2	I	Clinic.

NS – North Stonington, 75 Swantown Hill Road WD – Waterford, 86 Boston Post Road WD2 – Waterford, 83 Boston Post Road GN – Groton, 333 Long Hill Road GN2 – Groton, 428 Long Hill Road

Exhibit 2

ADTP Census by Town of Residence (on September 30, 2005)

Norwich	97
New London	64
Jewett City	14
East Lyme	2
Stonington	1
Groton	1
North Stonington	2
Mystic	1
Uncasville	1
Chaplin	1
Griswold	1

Exhibit 3

Stonington Institute 1353 Gold Star Highway, Groton, CT Capital Equipment Expenditure Detail Fair Market Value

	Quantity	Cost	Total
Phone System	1	\$25,000	\$25,000
Copier	2	\$10,500	\$21,000
Fax	2	\$850	\$1,700
Computer & Monitors	4	\$1,750	\$7,000
Desks	6	\$500	\$3,000
Chairs	6	\$125	\$750
Chairs	75	\$50	\$3,750
Sofa	3	\$750	\$2,250
Easy Chair	3	\$550	\$1,650
Medical Records File Cabinet	2	\$750	\$1,500
File Cabinets	3	\$250	\$750
Tables	4	\$350	\$1,400

\$69,750